

10/565059

943.1026

Application Data Sheet

A20 Rec'd PCT/PTO 18 JAN 2006

Application Information**Application number::****Filing Date::****Application Type::** *Regular***Subject Matter::** *Utility***Suggested classification::****Suggested Group Art Unit::****CD-ROM or CD-R?::** *None***Number of CD disks::****Number of copies of CDs::****Sequence submission?::** *None***Computer Readable Form
(CRF)?::** *No***Number of copies of CRF::****Title ::** *COMPOSITION CONTAINING
GROUND LOTUS AND/OR LOTUS
EXTRACT AND LACTIC ACID
BACTERIUM***Attorney Docket Number::** *943.1026***Request for Early Publication?::** *No***Request for Non-Publication?::** *No***Suggested Drawing Figure::****Total Drawing Sheets::** *1***Small Entity?::** *No***Latin name::****Variety denomination name::****Petition included?::** *No***Petition Type::****Licensed US Govt. Agency::****Contract or Grant Numbers::****Secrecy Order in Parent Appl.?::** *No*

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Japan*

Country::

Status:: *Full Capacity*

Given Name:: *Kiyoshi*

Middle Name::

Family Name:: *Goto*

Name Suffix::

City of Residence:: *Saitama-shi*

**State or Province of
Residence::**

Country of Residence:: *Japan*

Street of mailing address:: *c/o Toyo R & D Inc.
341, Kofukasaku*

City of mailing address:: *Saitama-shi*

**State or Province of
mailing address::** *Saitama*

**Country of mailing
address::** *Japan*

**Postal or Zip Code of
mailing address::** *337-0005*

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship US

Country::

Status:: *Full Capacity*

Given Name:: *Haruhisa*

Middle Name::

Family Name:: *Wago*

Name Suffix::

City of Residence:: *Sayama-shi*

**State or Province of
Residence::**

Country of Residence:: *Japan*

Street of mailing address:: *c/o Japan Allergy Applied Institute
Co., Ltd.*

1363, Kitairiso

City of mailing address:: *Sayama-shi*

**State or Province of
mailing address::** *Saitama*

**Country of mailing
address::** *Japan*

**Postal or Zip Code of
mailing address::** *350-1315*

Correspondence Information

Correspondence Customer Number :: 21831

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: (212) 768-3800

Fax Number: (212) 382-2124

E-Mail address:: *pto@steinbergraskin.com*

Representative Information

Representative Customer Number::	21831	
----------------------------------	-------	--

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>National Stage of</i>	<i>PCT/JP03/09207</i>	<i>07/18/03</i>

Assignee Information

Assignee name:: Toyo R & D Inc.
Street of mailing address:: 341, Kofukasaku
City of mailing address:: Saitama-shi
State or Province of mailing address:: Saitama
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 337-0005

Assignee Information

Assignee name:: Japan Allergy Applied Institute
Co., Ltd.
Street of mailing address:: 1363, *Kitairiso*
City of mailing address:: *Sayama-shi*
State or Province of mailing address:: *Saitama*
Country of mailing address:: *Japan*
Postal or Zip Code of mailing address:: 350-1315